



Agenda: Annual General Meeting Saturday February 24, 2018

1. Call to order
2. Approval of Agenda
3. President's Report
4. Treasurer's Report
5. Secretary's Report
6. Standing Committee Reports
 - 6.1 CPEN
 - 6.2 Fellowship Committee
 - 6.3 Scientific Planning Committee
7. Elections/Openings on Executive
8. Collaborative Projects
 - 8.1 TREKK DKA PedsPac – Sarah Lawrence
 - 8.2 Diabetes@school update – Sarah Lawrence
 - 8.3 Non Type 1 Diabetes survey – Shazhan Amed
 - 8.4 Global pediatric diabetes initiative – JP Chanoine
 - 8.5 iCARE update – Liz Sellers
 - 8.6 GH therapy in PWS, real-world cohort study – Cheri Deal
 - 8.7 Patients with Dumping Syndrome – Paola Luca
9. Round Table – Centre news and Job openings



Canadian Pediatric Endocrine Group
Groupe canadien d'endocrinologie pédiatrique

Minutes: Annual General Meeting Saturday February 23, 2018

1. Call to order – Meeting was started at 8h15 by Laurent Legault.
2. Approval of Agenda – Ereny Bassilious moved, Marie-Eve Robinson seconded.
3. President's Report – Laurent Legault

Laurent directed the group to the online written report (attached), which was circulated to the group last week.

There were no questions or discussion.

4. Treasurer's Report – Nancy Gagné

See attached power point presentation.

Approval of financial statement by Beth Cummings and seconded by Celia Rodd

5. Secretary's Report
Reminder of membership categories, membership fees deadline March 31st, and encouraged members to use the various forums on the CPEG website.

6. Standing Committee Reports
6.1 CPEN

Full report attached.

6.2 Fellowship Committee

- Celia updated group that fellowship grants are decreased. This year 5 applicants this year.
- Full details in attached report.
- Sponsorship for conference continues to be robust.
- Discussion with executive for ideas to generate funds for fellowship through use of registration fees.
- There are some surplus funds in the fellowship fund however did not tap into the fund this year to be conservative.
- Local universities can provide partial funding for a fellowship but will not influence the judging of the submission.
- Donation from members is welcomed but tax receipts cannot be provided due to CPEG's corporate status.

- Celia updated the group on the philosophy of the CPEG fellowship to award to fellow driven projects with high potential to prepare them for an academic career.
- Celia thanked members of the fellowship committee.
- Celia has put out call for 2 committee members as she is stepping down, Carol Huang is now chair, and Joey Deladoey is stepping down.
- Celia updated the group on the moonlighting policy and the background research associated which factored into formulating the CPEG policy.

6.3 Scientific Planning Committee

- Beth thanked the committee.
- Progress: finalized memorandum of understanding of UBC.
- This year highest number of abstract ever, therefore we had to have concurrent poster sessions.
- Beth clarified who gets the fellow rate and accommodations. Only endocrine fellows will have shared accommodation covered. However fellow rate for registration applies to any trainee. A program director letter is required for this rate.
- Early bird deadlines will be strictly applied going forward.
- CPEG offers generous support for fellows and nurses in terms of travel/accommodations/meals.
- According to the national Standards of support for accredited CPD activities, we continue to provide “reasonable” meals during meeting times. This is why members pay a small fee for social night.

7 Elections/Openings on Executive

Current openings:

- Treasurer –Munier Nour will start 2 year term.
- Fellowship committee –Carol Huang will start 2 year term.
- President elect – none yet.

Upcoming positions starting 2019:

- Scientific committee – currently Beth Cummings.
- Secretary position – currently Ereny Bassilious.
- Anyone interested in positions have been encouraged to send email or speak with an executive member.
- Laurent thanked the members of the executive who have completed their terms – Wendy Schwartz (last year), Liz Sellers (past president), Nancy Gagne (treasurer), Celia Rodd (fellowship subcommittee).

8 Collaborative Projects – all presenters will post their presentation or a summary on the collaborative projects forum on the CPEG website.

8.1 TREKK DKA PedsPac – Sarah Lawrence

- TREKK program is run by ER physicians across Canada. They create online resources for ER physicians related to paediatric ER topics.
- 3 members of CPEG were on DKA guidelines committee – Sarah Lawrence, Liz Sellers, Dan Metzger.
- Sarah showed an example of the flow sheet for DKA.
- This changed after PECARN fluid therapies study which showed no difference in outcome between those who received fast vs. slow fluids.
- Therefore, these suggestions for fluids was incorporated into the fluid resuscitation section of the guidelines:
20cc/kg NS bolus over 15-20min followed by different rates of rehydration (table) or repeat 20cc/kg NS bolus if still hypo-perfused.
- Sarah reaching out to membership and asked for feedback from members. She will post this presentation on the forum and members will be able to give feedback.

8.2 Diabetes@school update – Sarah Lawrence

- Sarah updated the group on how to use the website.
- There are 4 more videos under development.
- CPEG rep – Beth Cummings.
- CPS rep – Sarah Lawrence.
- Other members include parent reps and nursing.
- Also working on guidelines for CGM in schools – once available an email will be sent to CPEG members and will be posted on the forum.
- Dan has developed Excel spread sheet from tools and resources section – to help calculate dose of insulin based on IC and BG.
- Coming soon for androids and apple device – to calculate dose based on IC and BG
- Policy update in Newfoundland, Nova Scotia, NB, Quebec, BC.
- Ontario mandating that each school board needs a policy for children with T1D at school.
- Survey was distributed to families across Ontario to find out what supports they are getting at school, which will be reassessed in a few years.
- If others are interested in using the survey for their region/province please contact Sarah Lawrence.

8.3 Non Type 1 Diabetes survey – Shazan Amed

- This is a repeat study that was completed 10 years ago.
- Cases that should be reported – new cases since June 2017 or revised diagnoses.

- If unsure if a case fills criteria encouraged to report it. Liz Sellers, Shazan Amed, and Jill Hamilton will review the case and make a decision if the case meets criteria.
- As of Feb 1 – 147 cases reported (25 cases/month).
- 70% is T2D, rest is medication induced and MODY.
- Provincial breakdown was presented – encouragement for all to report even if late. Case report can be done online (REDcap) or paper form.
- Reminder of access of antibody testing (all 4) for all cases. This can be coordinated by indicating the need on the case report. Testing can be done through a tertiary care centre only.
- Planned end date is June 2019.

8.4 iCARE update – Liz Sellers

- This is a cohort study started in Manitoba 4 years ago that is focused on renal disease in type 2 diabetes.
- 2 years ago the study expanded to 9 other sites across Canada.
- If other centres interested in participating can get information sheet from Liz.

8.5 GH therapy in PWS, real-world cohort study – Cheri Deal

- Cheri is proposing a Pan-Canadian retrospective cohort study.
- If there are centres which do not use GH for treatment of PWS this will allow a contemporary control group.
- She asks that staff and nurses complete a 1-page questionnaire today, which she has handed out.
- She encouraged if there are fellows interested that this could be a good fellow project and they should contact her.

8.6 Patients with Dumping Syndrome – Paola Luca

- Question regarding dumping syndrome if there are others in Canada who have experience to speak with her during a break.

8.7 Transitional Program Survey – Patty Gallego

- REB was accepted.
- This is a survey to understand what programs have transition programs and the barriers.
- Will be a survey through survey monkey. Will take approximately 15 minutes and available in English and French.

8.8 MIREC – Mark Palmert

- Birth cohort – maternal infant research on environmental chemicals – by health Canada started 9 years ago – in multiple cities across Canada. Exposures in utero then early life exposures on neonatal outcomes.
- Now cohort is near age of puberty therefore want to study exposures on pubertal outcomes.

- 3 visits with each participant – age 7-9 for physical exam, age 13-15 for physical exam, one visit in between.
- The site investigators are now mainly pediatric endocrinologists.

8.9 Adrenal Insufficiency statement – Alex Ahmet

- Working group for joint CPEG/CPS statement.
- Asking for approval from CPEG members to send the statement to the CPS.
- The group has amended the statement to incorporate the feedback from the CPEG group and executive committee.
- Target audience are general practitioners.
- Action point requested is approval from the general CPEG members.
- Laurent Legault updated group that this would be a CPEG endorsed statement.
- The current version will be posted on the website for an electronic vote.
- The vote will be under “special resolution” which means 50% of members need to vote and 2/3 majority.

9 Miscellaneous

9.1 Global pediatric diabetes initiative – Julia Von Oettingen

Julia updated group about GPED group and website.

Donations appreciated and now able to give tax receipts.

10 Round Table – Centre news and Job openings

Vancouver – Division Head position opening. Acknowledgement to JP Chanoine for taking on this role for the past 20 years. The posting is on CPEG website. For any questions directed to contact JP directly.

Edmonton – Manpreet Doulla joined the team.

Calgary – Jonathan Dawrant and his wife had a baby

Saskatchewan – job opening for 1 full time position. Details on CPEG website.

Winnipeg – Katie Pudnyk has joined staff as of July 1.

London – Susan Rybansky (RN) now retired and Kristen Landon has joined.
Dr. Andrea Ens will be starting on as 4th endocrinologist as of July 1, 2018.

Toronto – Jennifer Harrington had a baby, Majeed AlSubaihin (fellow) had a baby.

Markham – looking for a replacement for Andrea Ens as of July 1, 2018.

Hamilton – AFP negotiations underway. Zubin Punthakee had a baby.

Ottawa – Karine Khatchadourian had a baby.

St. Justine – Carole Belanger (RN) retiring and will start working with Pharma.
Position opening as Johnny Deladoey is returning to Switzerland in June 2018.
Position is highly academic with 50% research.

Cheri Deal will be retiring June 2020.
Lynne Chiniara will start her clinical position in June 2018.

Montreal Children's – Constantin Polychronakos has 2 new grandchildren.

Sherbrooke – no update.

Quebec city - Isabelle Rousseau-Nepton had a baby.

St. John – Susan retiring in September and Robin Ledrew (from Ottawa) will be taking over.

Halifax – no update.

Newfoundland – Heather Powell had a baby.

11. Next CPEG Annual General Meeting: Ottawa, ON February 23, 2019

12. Adjournment of the meeting

-The meeting was adjourned at 10h00.

List of members in attendance:

Ereny Bassilious (recorder), Alexandra Ahmet, Nathalie Alos, Faisal Alwadiy, Shazhan Amed, Allison Bahm, Kristi Bell, Erica Burry, Isabelle Chapados, Alexander Chesover, Lynne Chiniara, Nicole Coles, Beth Cummings, Cheri Deal, Johnny Deladoey, Manpreet Doulla, Danya Fox, Nancy Gagne, Patricia Gallego, Harpreet Gill, Ronelda Gillis, Rose Girgis, Ellen Goldbloom, Clare Henderson, Irena Hozjan, Celine Huot, Brenden Hursh, Mark Inman, Mary Jetha, Peggy Kalancha, Susan Kirsch, Preetha Krishnamoorthy, Carol Lam, Sarah Lawrence, Robyn LeDrew, Laurent Legault, Rodrigo Lemus, Joseph Leung, Paula Luca, Despoina Manousaki, Daniel Metzger, Maude Millette, Katherine Morrison, Susan Murphy, Meranda Nakla, Munier Nour, Patricia Olivier, Helen Paciocco, Mark Palmert, Trisha Patel, Rebecca Perry, Constantin Polychronakos, Katherine Pundyk, Eileen Pyra, Marie-Eve Robinson, Celia Rodd, Elizabeth Rosolowsky, Susan Sanderson, Elizabeth Sellers, Alexis Sinclair, Scott Somerville, Julia Sobara, Laura Stewart, Sue Stock, Zoya Thawer, Stacey Urbach, John VanderMeulen, Janice Vanderspek, Julia Von Oettingen, Karin Winston, Stacy Zahanova, Stephen Zborovski, Caroline Zuidwijk

Presidents Report 2017

Submitted by: Laurent Legault, President

The Canadian Pediatric Endocrine Group (CPEG) began more than 20 years ago as a group of clinician-researchers participating in a pan-Canadian clinical study and became an independent professional association in 2005. Our membership in 2017 stood at 142.

In the past year, CPEG has focused on the following activities:

- 1) Incorporation: Under the leadership of Nancy Gagné, CPEG was formally incorporated in July of 2015. Liability insurance coverage was finalized this year. Nancy had a significant impact on CPEG during her tenure. Munier Nour will take over the position of treasurer after this year's meeting
- 2) Annual scientific meeting: the meeting held in Hamilton in February 2017 was attended by 172 delegates. The program committee, headed by Beth Cummings, did a fabulous job and feedback was very positive.
- 3) On-going support of the CPEG Fellowship Program: this program was established in 1992 to promote the development of Pediatric Endocrinology in Canada and has continually functioned since that time. Two, one year fellowships were awarded for the academic year 2017/2018. The fellowship program was under the leadership of Celia Rodd, who is now stepping down and will be replaced by Carol Huang. 2018-2019 awardees will be announced at the 2018 Annual Scientific Meeting. Celia has worked extremely hard during her tenure but it has become more challenging to collect money to support those fellowships (see Celia Rodd's report) and we would appreciate your input on ways we can continue supporting our fellows in this new environment.
- 4) CPEG has reached out to PES, which led to the first meeting, at the last international meeting in September, of the executives from those 2 groups. In fact, the Mexican pediatric endocrine association was also in attendance. Discussions around common issues, establishment of a North American Endocrine chapter of PES were topics viewed positively but discussion did not lead to anything concrete being decided. But, as a result of that meeting, CPEG was invited to co-sponsor the upcoming PES update course in Toronto next May. Three CPEG speakers will be featured at the update course and registration for that meeting is currently open.
- 5) CPEG will coordinate, with support from Eli Lilly, six Canadian centers that will be participating in the SWEET program. This initiative will be led by Danielle Pacaud.
- 6) A committee has been struck to develop guidelines for publication/endorsement. This committee is currently headed by Liz Sellers.
- 7) Travel grants are now available for delegates coming from lower socioeconomic status countries.
- 8) On-going development of our website: the site has been undergoing some changes under the always capable hands of Dan Metzger. Shiny apps developed by Atul Sharma are being used quite regularly and widely by users from many different countries. Finally, latest additions are executive Conflict of Interest (COI) disclosure forms as well as executive positions job descriptions, which are now all posted on cpeg-gcep.net.

Respectfully submitted,



Laurent Legault

Scientific Committee Report 2017

Submitted by: Beth Cummings, Chair Scientific Committee

The Scientific meeting planning committee includes members from the host institutions (2018 and 2019), CPEG executive committee and CPEN, and fellow representatives.

Current membership includes – Chair Beth Cummings; Members – Ereny Bassilious, Brenden Hursh, Barbara Butler, Danya Fox, Nicole Coles, Susan Murphy, Caroline Zuidwijk, Dina Panagiotopoulos and Laurent Legault.

We continue to employ the services of UBC Inter-professional Continuing Education to assist with the organization and logistics of the meeting. We have finalized a Memorandum of Understanding for their services to ensure roles are clearly defined. This work was done by the president and treasurer.

The 2017 Meeting in Hamilton was successful with 172 attendees. Overall the program was evaluated highly in terms of being an effective learning experience and relevance to practice. The 1 minute poster teasers and poster walks were highly rated and most felt that we should continue to have a debate as part of the program. Suggestions for future topics were sought and taken into consideration in planning the program for 2018 and subsequent years.

The 2018 meeting in Vancouver has a mix of presenters including local experts, CPEG members and fellow presentations. We are piloting online only evaluations for this meeting.

The 2019 meeting will be held February 21-23 in Ottawa.

A process was developed to allow for CPEG awards to health care professionals from low and low-middle income countries to attend our meeting. The application is on our website. Sponsorship by a CPEG member is required and abstract submission is encouraged. There was no qualified applicant this year. The deadline for the 2019 meeting will be September 10, 2018.

The meeting continues to be supported by a combination of unrestricted educational grants and registration fees. The new National Standards of Support for Accredited CPD activities are in place as of January 2018. Changes have been made to ensure compliance with these National standards. We can no longer coordinate an industry sponsored symposium and no company chose to do this on their own. The cost of the Friday dinner has been excluded from the registration and guests will buy their own alcohol.

Standard documents have been updated (Terms of Reference) and new ones created (Checklist for Chair, Poster walk moderator guidelines) that can be passed on to assist future chairs. Questions often arise about who qualifies for the “fellow rate” as requests for this rate have risen. At the executive committee meeting on February 22 2018 this was clarified. (see attached)

IMPORTANT 2019 DATES

- 1) September 10 – Deadline for Travel Grants for health care professionals/trainees from Low or Low-Middle Countries
- 2) September 30 – Target date for response regarding Travel Grants
- 3) October 31 – Deadline for Membership application for individuals submitting abstract for Scientific Meeting
- 4) November 19 – Abstracts due for 2019 meeting

CPEG Fellowship 2017 updates

Submitted by: Celia Rodd, Chair Fellowship Committee

Fund raising

The committee overseeing Fellowship announces that roughly \$80,000 has been raised to date this year from 2 pharmaceutical companies. Historically, there have been 4- 6 main companies (see below listed 1-6) who have each granted up to \$60,000 per year. It has been fairly easy to obtain funds for 2-3 Fellowships per year. In 2017-2018, Novo Nordisk declined to fund the fellowship; and this year (2018-2019), both Novo Nordisk and Lilly declined. Because of reduced interest by some companies, in 2017-2018, there was a push to explore other options for funding. Unfortunately, none of the new companies approached provided any funding. Typically, the Chair of the Committee meets with all Exhibitors at CPEG February meeting to thank them and also determine if there might be interest in funding the Fellowship.

For the 2018-2019 competition, there was an even wider ask for funds given the reduced number of core funders. Some companies are relatively new as a Canadian corporation (e.g. Medtronic) and do not have a lot of funds. Most companies explained that they have issues with fiscal restraint, and that they just do not have the budget to support the Fellowship. The request for funding was revised to explain that even a fraction of a fellowship would be generous, rather than the full request for \$75,000. Nevertheless, most of the companies we approached have been unable to provide funding.

Fellowship funds provided	2016-2017	2017-2018	2018-2019
Pfizer	Declined	75k	Declined
Novo Nordisk	50k	Declined	Declined
Lilly	60k	60k	Declined
Serono	30k	35k	30k
Hoffman La Roche	Declined	Declined	Declined
Sandoz	65k	65k	50k
Abbvie (Lupron)			Declined
Medtronic		Declined	Declined
Dexcom			Declined
Sanofi –Sanofi Genzyme			Declined
Abbott-Libre			Declined
Alexion		Declined	Declined
Omnipod			Declined
Total	205k	235k	80k

GRAY shading – did not ask

Alternative ways of supporting the Fellowship are currently being explored; it would appear that funding our annual conference is not as problematic, and perhaps conference surpluses, if any, could be re-allocated. We remain a very lucky specialty program to have had such tremendous support for the Fellowship. There remains some cash buffer from funds raised in previous years to allow a few more fellowships in the future. Naturally, the Chair will continue to advocate widely.

Application

The application form and committee membership terms of reference have been slightly modified; we are keen to promote resident-driven high-quality projects, especially if they dovetail with the trainees' long-term goals.

Final reports

Reports completed by funded residents at the completion of their projects have been posted in the Members section of the CPEG portal.

Moonlighting

The Executive was asked to reflect on the question of Moonlighting for CPEG Fellowship recipients; moonlighting may have previously been undertaken by trainees, and we welcomed the opportunity to prepare a policy. We wish to ensure that our policies are transparent and coherent for the trainees. We recognize that trainees may be at various stages, though most have written the Pediatric Royal College Exam and some may have successfully written the Endocrine Royal College Exam. We felt that some moonlighting was acceptable. Nevertheless, the Fellowships are usually highly competitive, typically awarded to senior level trainees, and often provide protected time for undertaking graduate level training (Masters in Education, Epidemiology etc.) as well as more advanced rigorous research for trainees who may be slated for academic careers.

For these reasons, the Executive wished to ensure that this training period was protected so that the trainee could focus on these important endeavors. We also did not wish that trainees undertook so much moonlighting that it eclipsed their CPEG Fellowship stipend. We also worried that ongoing pharmaceutical support of the resident earning large sums outside of the Fellowship might reduce interest in these funding these Fellowships. The Fellowship stipend was increased in 2015 to try to keep pace with senior resident salaries and to reduce the need for extra income generated by moonlighting.

Our decision was also informed by a thorough review of relevant guidelines from various Canadian universities.

Across Canada, these were our findings.

University	Resident	Clinical Fellow	2002 Royal College cited	Details/ web URL
UBC			x	<p>Moonlighting must not occur on the same unit or service to which residents are currently assigned, or to which they will be assigned in the future. Residents are eligible to moonlight on services that they have been previously evaluated on.</p> <p>4. As residents primary obligations are to their training programs, they are not permitted to moonlight during work hours including on-call periods that are defined by the program.</p>

				http://med-fom-pgme.sites.olt.ubc.ca/files/2015/04/PGME-Policies-and-Procedures-2017-2018-Posted-20170717.pdf
Resident Doctors of BC				<p>1. As residents primary obligations are to their training programs, they are not permitted to moonlight during work hours including on-call periods that are defined by the program.</p> <p>http://residentdoctorsbc.ca/resources/faq/#Moonlighting</p>
Dalhousie University			x	<p>As noted below (item #4), moonlighting may only take place if the moonlighting period ends at least 12 hours before their next scheduled program activity. This will ordinarily preclude residents from doing moonlighting shifts anytime from Sunday evening to Friday evening and when on call during the weekend. The resident is responsible for ensuring that the guidelines set out below are met.</p> <p>https://medicine.dal.ca/departments/core-units/postgraduate/calendar.html</p>
Manitoba		x	x	<p>3.4.2 Residents with FULL licensure from CPSM</p> <p>3.4.2.1 Will comply with all policy statements noted under 3.4.1 for residents under restricted license, with the exception of 3.4.1.2.</p> <p>3.4.2.2 Are able to moonlight without resident supervision.</p> <p>3.4.1 Residents under restricted (Educational Register-ER) licensure from CPSM</p> <p>3.4.1.1 Must obtain written approval from their Residency Program Director prior to commencing moonlighting</p> <p>DRAFT #21.FINAL Moonlighting; June 20, 2013; page 3 of 10</p> <p>3.4.1.2 Require verification by their clinical supervisor(s), in advance of the shift(s), confirming that they will supervise the resident(s). The verification may be documented on paper or electronically.</p> <p>3.4.1.3 Must not moonlight on the same units or services to which they are currently assigned. (e.g. a resident on a Critical Care rotation and taking call should not also cover the same ICU as a moonlighting physician on other days of the same rotation. This has been seen to lead to difficulties in lines of responsibility and resident evaluation; Royal College Statement on Moonlighting, 2002)</p> <p>https://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/Moonlighting21_FINAL.FEC.pdf</p>
McMaster			x	<p>Each residency training committee is tasked with defining the maximum 28-day moonlighting contribution. It is suggested that this number be no more than two overnight shifts (or 24 hour shifts for</p>

				<p>weekends) in a 28 day period.</p> <p>McMaster Postgraduate Medical Education (PGME) supports the COFM policy on Resident Moonlighting. It is recognized that McMaster PGME cannot restrict, from a practical point of view, those residents with an independent practice certificate but feel that this activity must not interfere with the training program. The program director should be informed by the resident of this activity so that s/he can monitor its effect on the resident as well as the program.</p>
McGill	x	x	x	<p>Residents should be aware of the Postgraduate Medical Education (PGME) policy on moonlighting : a resident/fellow who wants to do moonlighting is no longer allowed to do so at McGill University, with the exception of remote areas where there is a population need for the relevant specialty. All such requests must be approved by the Associate Dean PGME. This policy is in accord with the new rules disseminated by the Ministère de la Santé et des Services sociaux (MSSS) available here.</p> <p>Moonlighting must not be coercive. • Residents must not be required by their residency program to engage in moonlighting.</p> <p>If residents do moonlight, it should not occur on the same unit or service to which they are currently assigned as a resident.</p>
Toronto	Clinical fellows who hold a postgraduate educational certificate from the CPSO may complete additional shifts only if this additional clinical experience is within the educational objectives on file with the CPSO.		x	<p>http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/</p>
College of Ontario Faculties of Medicine	-does not support resident moonlighting			<p>The Ontario Faculties of Medicine does not support resident moonlighting. Moonlighting compromises postgraduate programs and undermines the educational environment.</p>
Restricted Registration Program For Ontario	(moonlighting regulations for Ontario residents)			<p>http://www.restrictedregistrationontario.ca/FAQ_Residents/Home%20Page not allow the Restricted Registration activities to interfere with the requirements and responsibilities of his/her training program (including not undertaking activities during residency work hours including on-call periods that</p>

medical residents)			are defined by the program)
Royal College of Physicians of Canada				http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/statement_moonlighting_e.pdf
U of Calgary and Edmonton				Just have information on Family Medicine residents
Memorial University			x	http://www.med.mun.ca/medpolicies/documents/Moonlighting%20Policy%202016%208%2019%20OV.pdf A resident cannot moonlight: 4.1 while on call (including home call); 4.2 in the eight (8) hours previous to starting regular clinical work (i.e. will not work a midnight to 8 a.m. shift when starting work as a resident at 8 a.m.); or, 4.3 in the service in which they are currently working as a resident.

This informed the wording of our Policy as posted on the CPEG Portal:

'CPEG Moonlighting Policy: In accordance with the Royal College of Physicians and Surgeons of Canada's 2002 Statement on Moonlighting [2] and policies from Canadian medical schools, recipients of the CPEG Fellowship may undertake limited moonlighting (extra clinical work for pay) outside of their Division of Pediatric Endocrinology. These work shifts may not take place during regular working hours and must abide by any additional guidelines imposed by their respective university. The trainee must not earn more than 20% (gross) of the CPEG Fellowship Award from these extra shifts during a 12-month period. The objective of this policy is two-fold, to ensure that trainees focus on their fellowship award and to avoid any suggestion of impropriety in the supervisor–trainee relationship.'

Committee members

Committee members include Drs. Carol Huang, Robby, Isabelle Rousseau-Nepton, Johnny Deladoey, Jess MacKenzie-Feder (Adult- UBC) and Celia Rodd (Chair). Carol Huang has agreed to be the Fellowship Chair as of late February 2018.

Secretary Report 2017

Submitted by: Ereny Bassilious, Secretary

Membership:

- 105 endocrinologists, 28 fellows, 7 residents/student, 2 Nurse Practitioners, 29 Nurses, 3 researchers, 7 retired
- Membership dues are \$70 and due by March 31st of each year
- Applications and payments on-line at <https://cpeg-gcep.net>
- Membership for fellows is free however fellows must still complete application process online
- Fellows should update their status on-line after completion of their training

Website:

Available forums:

- General Forum
 - General CPEG discussion
 - Clinical questions
 - Jobs and Locums
 - Collaborative research
- Executive committee forum
- Program directors forum
- Nursing forum

CPEN report 2017

Submitted by Susan Murphy, President CPEN

Membership

- 34 Active members
- Two nurses retired in 2017: Susan Rybansky from London Ontario and Cheryl Ryan from Toronto Ontario.
- Another long time Endocrine Nurse, Nicole Kirouac, resigned from her Endocrine position to take on a new role as a Nurse Consultant working with Aboriginal communities to improve access for children with special needs.

Upcoming CPEN Executive Election

- Two positions open: Director and Secretary
- Successful candidates to be announced following the CPEN AGM.

Portal Library

- All patient teaching documents on the CPEN website have now been converted to PDF format. Please submit any future documents for the CPEN resource library in PDF format. These documents have been gathered from CPEN nurses across the country and all CPEN/CPEG members have access to them.

WebEx

- CPEN hosted two WebEx seminars in 2017. The first was in January and included presentations on PWS and Turner Syndrome. The second WebEx was in August and topics presented were Silver Russell Syndrome, Psycho-Social Aspects of Precocious and Delayed Puberty, and Aspects of Presenting at an International Conference.

Funding

- Eight nurses received financial support to attend PENS, International Pediatric Endocrine Nursing Summit, and IMPE.
- One nurse received funding for a mentorship with the Endocrine Nurses in Calgary.

Endorsement of PENS Position Paper on Bullying Prevention

- CPEN along with ESPEN (European) and ENSA (Australian) pediatric endocrine nursing groups have endorsed the PENS position paper on Bullying Prevention.

PENS Portfolio Recognition Program

- There has been interest from CPEN members to develop Canadian Pediatric Endocrine Nursing competences. Due to the small number of CPEN nurses, we have joined with PENS in the development of a PENS Portfolio Recognitions Program.
- Two CPEN nurses, Nicole Kirouac and Mabel Tan, are members of the PENS committee developing this program.

- Qualified nurses may be recognized as having achieved Competency in Pediatric Endocrine Nursing by fulfilling the activity requirements for a PEN (Pediatric Endocrine Nurse) or AP-PEN (Advanced Practice Pediatric Endocrine Nurse).
- This program will be officially launched at the annual PENS meeting in May 2018.

First International Endocrine Nurses Meeting (IPEN)

- CPEN nurses were well represented at the first IPEN meeting which took place in Washington DC a day before the International Meeting of Pediatric Endocrinology in September 2017.
- There were two presentations and two posters by CPEN nurses (see accomplishments below).

Accomplishments of CPEN Members in 2017

- Irena Hozjan (Toronto) published: "Optic Nerve Hypoplasia: More than meets the eye." *Journal of Pediatric Nursing*, May - Jun; 34:98-100. doi: 10.1016/j.pedn.2017.03.011. Epub 2017 Apr 12. She was also a poster presenter at IMPE: "Central precocious puberty, growth hormone deficiency and severe progressive scoliosis in non-classic congenital adrenal hyperplasia (NCAH) with preservation of final adult height: A case study".

Irena was also an invited speaker at the Turner Syndrome Society meeting. Her presentation topics were: "Let's Talk About Turner Syndrome" and "Adult Health Surveillance in Turner Syndrome".

- Mabel Tan (Vancouver) and Nicole Kirouac (Winnipeg) published an article in *Pediatric Endocrine Reviews* entitled: "Gender Creative or Transgender Youth and Advanced Nursing Practice".
- Nicole Kirouac presented at CPEG on "Testicles, Torsion, Testosterone: Totally Afraid of Needles."
- Lori Brnjac (Toronto) and Bailie Tabak (Toronto) presented at CPEG on "Lanreotide Use in a Patient with Hyperinsulinemia".
- Lori Brnjac and Bailie Tabak presented a poster at IPEN on the topic of Long-acting Lanreotide and Hyperinsulinemia.
- Brenda Fraser (Ottawa), June Jacob (Victoria) and Nicole Kirouac presented a poster at IPEN on the topic of Subcutaneous Administration of Testosterone.
- Brenda Fraser presented at IPEN on the development of her video on Solu-Cortef Administration.
- Eileen Pyra (Calgary) presented at IPEN on "Reshaping of Pain Memories in Children".
- Susan Murphy (Vancouver) and Wendy Schwarz presented on "Addison's Disease: A Review" for CPEN Nurses.
- Wendy Schwarz presented at IMAGE on : "46XY Patient with DSD".
- Mabel Tan is the first nurse to receive the AP-PEN certification from PENS. Mabel will be officially recognized at the PENS meeting in Florida in May 2018.

CPEG annual general meeting

Treasurer's report

for the Fiscal Year ending

December 31, 2017

Dr. Nancy Gagné

Treasurer



Income & Expenses: Accountant's table

	2017	2016
Income:	428 065	324 718
-Meeting sponsorship	160 000	145 000
-Fellowship sponsorship	225 000	150 000
-Registration meeting	24 700	19 673
-Membership fees	8 120	7 023
-Interest	10 245	3 022
Expenses:	363 939	276 318
-Fellowships	225 000	150 000
-Website fees	4 733	3 896
-Paypal fees	526	N/A
-CPEG Shiny apps	15 750	0
-Annual meeting + Bailey award	110 116	113 780
-Travel expenses AGM exec	4 349	5 585
-Professional services + teleconf.+ bank	2 758	3 057
-Liability insurance	707	0
SURPLUS	64 126	48 400

Current assets and liabilities

Current assets	2017	2016
Cash	263 164	67 825
Reserve for fellowship	207 493	202 493
Reserve for scientific meeting	77 500	97 500
Short term investments	152 363	255 056
Long term investments	203 642	225 574
TOTAL	904 162	848 448
Current liabilities		
Accounts payable	0	30
Deferred for fellowship	207 493	202 493
Deferred for membership 2018+	7 982	1 364
Deferred for scientific meeting 2018	77 500	97 500
TOTAL	292 975	301 387
NET ASSETS	611 187	547 061

2017 Balance

- 2017 opening balance **\$ 547 061**
- Surplus/deficit 2017 **\$ 64 126**
- 2017 closing balance **\$ 611 187**



VOTE

- Approval of the financial statements.
- New treasurer so may require change in accountant (to be decided).

Budget predictions

	Vancouver	Hamilton	Edmonton	Halifax	Montreal	Quebec City
	2018	2017	2016	2015	2014	2013
Sponsorship of meeting	\$142,500	\$160,000	\$145,000	\$167,500	\$120,000	\$115,598
Scientific meeting registrations	\$18 710	\$24,700	\$19,673	\$17,383	\$19,155	\$12,642
Membership payments	\$7 910	\$8,120	\$7,023	\$5,754	\$4,954	\$4,281
IN	\$168 864	\$192 820	\$171,696	\$190,637	\$144,109	\$132,521
paypal fees (membership)		\$526				
Cost of scientific meeting	\$142 015	\$110,116	\$113,780	\$114,057	\$106,562	\$105,359
AGM expenses/travel	\$5,400	\$4,349	\$5,585	\$7,512	\$3,000	\$3,999
Website + apps	\$4,800	\$20 483	\$3,896	\$0	\$5,997	\$5,921
Teleconferencing	\$200	\$156	\$236	\$0	\$0	\$0
Liability insurance	\$707	\$707	\$0	\$0	\$0	\$0
Accountant fees + corp Can.	\$1975	\$1572	\$1,745	\$2,339	\$0	\$0
Translation services	\$0	\$789	\$1,018	\$1,929	\$618	\$0
Lawyer fees	\$0	\$0	\$0	\$0	\$1,296	\$0
Simply voting		\$226			\$334	
OUT	\$155,147	\$138,925	\$126,260	\$125,837	\$117,807	\$115,279
EXCESS or LOSS	\$13,717	\$54,422	\$45,436	\$64,800	\$25,968	\$17,242

Update on membership payments as of meeting date 2017

	2013	2014	2015	2016	2017	2018
Cheque/ cash	56	8	14	7	2	3
Paypal	22	87	83	91	114	110
Total	78 (60%)	95 (71%)	97 (71%)	98 (73%)	116 (82%)	113 (80%)